

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL059031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2015
NAME OF PROVIDER OR SUPPLIER NEBO FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 405 JACK CORPENING ROAD NEBO, NC 28761		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of Biennial Construction Survey by Frank Strickland on 06/24/2015: This home was first licensed for licensure on 05/11/1983 for a maximum capacity of five (5) Residents. Effective February 1, 1983 the building code was amended to allow for a maximum of six all ambulatory Residents. Effective on April 1, 1984 Licensure Rules were revised to allow for a maximum capacity of six (6) all ambulatory residents. This home is currently licensed for Six (6) all-ambulatory residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we surveyed your home for conformance with the 1977 " Family Care Homes Minimum and Desired Standards and Regulations ". The applicable portions of the of the 1984 & 2005 Rules (10A NCAC 13G) for Family Care Homes, as well as the 1978 Edition (w/amendments) of the North Carolina State Building Code, - Section 409.1 (g) - Residential Care Facilities - Group R - Residential Occupancy (Volume I-B) Deficiencies were cited and a Plan of Correction is required.	C 000		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes.	C 174		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 174	Continued From page 1 This Rule is not met as evidenced by: 1-Based on observation, the facility has not maintained the service of the kitchen range/stove exhaust hood in a safe manner. This will effect all residents and staff while preparing cooking on the range/stove. Findings on 06/24/2015 The kitchen range exhaust hood filter has excessive grease build-up and surrounding surfaces.	C 174		